

# HHA Survey Investigation Worksheet 2: Agency Summary

Agency Name/CCN: \_\_\_\_\_ Survey Date: \_\_\_\_\_

Surveyor Name(s) and ID #: \_\_\_\_\_

Surveyor Summary: Based on the HHA's review of patients and information obtained: Survey Performed (Check all that apply.)

- ☐ **Standard** – provides care that promotes a high potential for reaching the highest attainable levels of functioning. (No deficiency in any Level 1 standard; no need for Partial Extended/Extended Survey)
- ☐ **Partial Extended** – promotes care that promotes a moderate potential for some but not all patients. (Standard-level deficiencies, but no Condition of Participation out of compliance)
- ☐ **Extended** – provides substandard care. (Condition-level deficiencies)

Unduplicated skilled admissions in previous 12-month period: \_\_\_\_\_ Number of records reviewed with home visits: \_\_\_\_\_ Number of records reviewed, no home visits: \_\_\_\_\_

Number of home visits with no record review: \_\_\_\_\_ Total records reviewed: \_\_\_\_\_ Total Home Visits: \_\_\_\_\_

## Deficient Practice Identified: Provide G Tag Number and Findings for the CoP

CoP	Deficient Practice Tag Number			Notes – (Include Patient Identifier)
	Level 1	Level 2	Other	
484.10 Patient Rights				
484.11 Release of Patient Identifiable OASIS Information				
484.12 Compliance with Laws, Ownership, & Professional Standards				
484.14 Organization, Services, & Administration				
484.16 Group of Professional Personnel				
484.18 Acceptance of Patients, Plan of Care, & Medical Supervision				
484.20 Reporting OASIS Information				

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CoP	Deficient Practice Tag Number			Notes – (Include Patient Identifier)
	Level 1	Level 2	Other	
484.30 Skilled Nursing Services				
484.32 Therapy Services (Physical Therapy, Occupational Therapy, Speech-Language Pathology)				
484.34 Medical Social Services				
484.36 Home Health Aide Services				
484.38 Qualifying to Furnish Outpatient PT/SLP				
484.48 Clinical Records				
484.52 Evaluation of the Agency's Program				
484.55 Comprehensive Assessment of Patients				

**Notes:**